

URBAN DISTRICT COUNCIL OF BUDE/STRATTON



A N N U A L   R E P O R T

of the

MEDICAL OFFICER OF HEALTH

for the year

1 9 5 6

Health Area Office,  
LAUNCESTON.  
Cornwall.

WILLIAM PATERSON, M.B., Ch.B., D.P.H.  
Medical Officer of Health



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URBAN DISTRICT COUNCIL OF  
BUDE/STRATTON



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Public Health Officers of the Local Authority:

MEDICAL OFFICER OF HEALTH

W. PATERSON, M.B., Ch.B., D.P.H.

Also holds appointments of: Medical Officer of Health:  
Stratton Rural District Council  
Launceston Rural District Council  
Launceston Borough Council  
Camelford Rural District Council

Assistant County Medical Officer, Area No. 6 Cornwall County Council

School Medical Officer, Cornwall County Council

PUBLIC HEALTH INSPECTOR:

P. DURSTON, M.R.S.H., M.A.P.H.I.



SUMMARY OF VITAL STATISTICS

Area (in acres)	4,294
Population	5,180
No. of Separate dwellings occupied	1,502
Rateable value 1956	£81,678 (as at 31.3.57)
Product of ld. rate	£326 (as at 31.3.57)

	Total	Male	Female	Rate per 1,000 estimated population
<u>Live Births</u>				
Legitimate	67	33	34	13.51
Illegitimate	3	2	1	
<u>Stillbirths</u>	4	1	3	.77
<u>Deaths</u> (all causes)	63	34	29	12.16
Deaths from Puerperal Causes				
Puerperal & post abortive				N I L
Sepsis				
Other Puerperal Causes				

Infant Mortality (Deaths under 1 year per 1,000 live Births) 14.26

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths from Cancer (all ages)	3	2	10
Measles (all ages)	-	-	-
Whooping Cough			
(all ages)	-	-	-
Diarrhoea (under 2 years)	-	-	-

TO THE CHAIRMAN AND COUNCILLORS OF THE URBAN DISTRICT  
COUNCIL OF BUDE/STRATTON

Mr Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1956.

The health of the people of the district as far as can be judged by vital statistics, has remained generally satisfactory. The number of deaths showed a decrease and the number of births an increase over the previous year. Heart disease was the most common cause of death, vascular lesions of the nervous system taking second place. One infant death occurred during the year.

An epidemic of measles occurred during the early part of the year, but no deaths were recorded. No cases of poliomyelitis were notified. The Ministry of Health introduced a limited scheme of vaccination against this disease during the year.

New legislation with regard to food came into effect during the year, and the Food Hygiene Regulations, 1955, laid down more specific standards with regard to food and catering premises and practices than had previously been the case.

The Sanitary Inspectors (Change of Designation) Act, 1956, changed the familiar title to that of Public Health Inspector. The old name had come to be associated with a rather more narrow and restricted field of work than has been the case for a considerable time and the new title expresses the modern view of the wider aspect of the work.

I must record my thanks to Mr Durston, the Council's Public Health Inspector for the valuable assistance he has given in all aspects of our work and in the preparation of this report. The General Practitioners of the District have again given every co-operation.

In conclusion, I should like to express my appreciation of the help and encouragement I have received from the Council and, in particular, from the Chairman and Members of the Public Health Committee, during the year.

I have the honour to be,

Your obedient servant,

WILLIAM PATTERSON

November 1957

Medical Officer of Health

Natural and Social Conditions

Area (in acres) 4,294. The Urban District of Bude/Stratton is partly a health and seaside resort and partly agricultural in character. It is bounded at its western extremity by the Atlantic Ocean, the coast-line in this particular part of north Cornwall running almost due north and south.

Whilst the hinterland is undulating and hilly in character, contour heights seldom rise above 500 feet and this no doubt is in part the explanation for the exceedingly moderate rainfall figures. (Average annual rainfall for 20 years 33.74"), which in view of exposure to the prevailing south westerly winds, might be expected to be considerably higher.

Population- The Registrar General has estimated the population for the mid-year 1956 to be 5,180 compared with 5,150 in the previous year. In 1956 there were 70 births and 63 deaths, 7 more births than deaths.

Vital Statistics - It is important that too much weight should not be attached to small variations in these rates from one year to another, particularly where relatively small populations are involved - attention should rather be paid to the trend of these rates over a period of years.

Deaths - The total number of deaths assigned to the District for the year was 63 compared with 82 in 1955. The crude death rate based on the mid-year population was 12.16 compared with 15.92 in the previous year. The following table has been compiled for comparison with previous years:

<u>Years</u>	<u>Total</u>	<u>Male</u>	<u>Female</u>	<u>Recorded Rate</u>
1952	78	37	41	15.21
1953	81	38	43	15.64
1954	80	44	36	15.59
1955	82	44	38	15.92
1956	63	34	29	12.16

In order to compare the mortality in the District with the mortality for England and Wales, it is necessary to make a correction to allow for the difference in age and sex distribution of the two populations. This is done by applying to the crude death rate of the District an "Area Comparability Factor" which has been estimated by the Registrar General as 0.74 for this District.

The Standardised Death Rate, therefore, is 8.75 which may be compared with that of 11.7 for England and Wales.

Births - The number of live births assigned to this District was 70 compared with 55 in 1955. The rate per thousand of the population is 13.51. When the Registrar General's Area Comparability Factor for

births (1.12) is applied to this figure, the Standardised Birth Rate of 15.13 for this District compares with 15.6 for England and Wales.

Stillbirths - The number of stillbirths during 1956 was 4.

Illegitimate births - There were 3 illegitimate births assigned to the District during the year, 2 males and 1 female, compared with 3 in 1955. Shown as a proportion of the total number of live births, this represents 4.26 per cent.

Maternal Mortality - N I L

Infant Mortality - The number of infants who died before reaching their first birthday was 1. This death, which occurred at the age of 3 weeks, was due to Galactosaeamia.



MORTALITY TABLE

Classified in accordance with 36 headings based on the Abbreviated List of the International Statistical Classifications of Diseases, Injuries and Causes of Death, 1948

<u>Cause of Death</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
1. Tuberculosis, respiratory	-	-	-
2. Tuberculosis, Other	-	-	-
3. Syphilitic disease	1	-	1
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases	-	-	-
10. Malignant neoplasm, stomach	2	-	2
11. Malignant neoplasm, lung, bronchus	2	-	2
12. Malignant neoplasm, breast	-	1	1
13. Malignant neoplasm uterus	-	-	-
14. Other malignant and lymphatic neoplasms	4	1	5
15. Leukaemia, aelukaemia	-	-	-
16. Diabetes	-	-	-
17. Vascular lesions of nervous system	5	8	13
18. Coronary disease, angina	4	2	6
19. Hypertension with heart disease	1	1	2
20. Other heart disease	4	7	11
21. Other circulatory disease	3	-	3
22. Influenza	1	2	3
23. Pneumonia	-	3	3
24. Bronchitis	-	-	-
25. Other diseases of respiratory system	1	-	1
26. Ulcer of stomach and duodenum	1	-	1
27. Gastritis, enteritis and diarrhoea	-	-	-
28. Nephritis and nephrosis	1	-	1
29. Hyperplasia of prostate	-	-	-
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	1	-	1
32. Other defined and ill-defined diseases	-	4	4
33. Motor vehicle accidents	2	-	2
34. All other accidents	1	-	1
35. Suicide	-	-	-
36. Homicide and Operations of War	-	-	-
	34	29	63

## GENERAL PROVISION OF HEALTH SERVICES

### General Medical Services

General medical services under Part IV of the National Health Service Act, 1946, are provided by medical practitioners resident in the district and in adjoining districts, all of whom undertake maternity medical services.

### County Council Services

- I. Health Department. The County Council is the local health authority for the purposes of Part III of the National Health Service Act, 1946 and provides the following services in the district:-
  - (a) Midwifery and Home Nursing. Nurse-midwives are provided to attend general nursing and midwifery cases in the home.
  - (b) Health Visiting. The nurse midwives act also as health visitors and, with special training in the care of the mother and young child, are available to give advice on health matters in the home or at the clinic. They act also as school nurses.
  - (c) Infant Welfare Centre. A fortnightly Infant Welfare Clinic is held at the Castle, Bude.
  - (d) Dental Clinic. Priority dental treatment for expectant and nursing mothers and pre-school children is available at the Dental Clinic held weekly at the Castle, Bude.
  - (e) Vaccination and Immunisation. Facilities for vaccination against smallpox and immunisation against diphtheria and whooping Cough are provided at the Infant Welfare Clinic or by the supply of materials to the family doctor.
  - (f) Home Help Service. Home helps are employed to provide domestic help for households in certain circumstances, a charge being made for this service according to the means of the person concerned.
  - (g) Ambulance Service. A service of ambulances for the conveyance of sick, accident and emergency cases is provided. For sitting cases, utilicon sitting case vehicles are used. When appropriate, some such cases are carried by the Hospital Car Service, a voluntary organisation. Day-to-day administration of the service is carried out from the Health Area Office, Llankeston.

(h) Prevention of Illness, Care and After-Care.

A full-time tuberculosis health visitor is provided for the care and after-care of tuberculous persons. District nurses are available to assist in the home treatment of such persons when required by the Chest Physician or family doctor. Certain special investigations are carried out in other types of illness by district health visitors, while health education is carried out by the County's medical and nursing staff.

(g) Mental Health. The County Council has certain responsibilities in connection with the ascertainment of mental ill-health and mental deficiency, with the provision of statutory supervision, etc. for mental defectives living in the community, and with the provision of after-care following treatment for mental illness. The Duly Authorised Officer for the district works from the Health Area Office, Launceston.

II Education Department. As local Education Authority, the County Council is responsible for the School Health Service, which provides the following:-

Periodic Medical Inspection of pupils  
Cleanliness Surveys of pupils  
Dental Inspection and treatment of pupils  
ascertainment of handicapped pupils in need of special education.

Treatment Clinics weekly at the Castle, Bunc:  
Dental Clinic each Thursday  
Speech Therapy each Friday morning  
Child Guidance, by arrangement at Plymouth  
Child Guidance Clinic.

III Welfare Department. This service is concerned with the welfare of the aged, and with that of various categories of handicapped persons. It is concerned also with the provision of temporary accommodation in certain circumstances for persons in urgent need thereof. The Welfare Officer for the district works from the Health Area Office, Launceston.

Hospital Services

The South Western Regional Hospital Board is the hospital authority for the Area.

Stratton Cottage Hospital provides in-patient and out-patient facilities in the district. Patients are referred also to hospitals in Plymouth and elsewhere. Cases of infectious disease are admitted to the Scott Isolation Hospital, Plymouth, and tuberculosis patients to Didworthy or Tehidy Sanatoria. Mental hospital accommodation is provided by St. Lawrence's Hospital and Lanivval House, Bodmin, and Moorfields Hospital, Ivybridge, Devon.

An Orthopaedic Clinic is held weekly at the Castle, Lame and a Physiotherapy Clinic at Dayfield Hospital, Holsworthy. The Chest Clinic is held at Launceston Hospital. An Ophthalmic Clinic for school and pre-school children is held periodically at the Castle, Lame. A Specialist Ante-natal Clinic is held at the Launceston Hospital Clinic each week.

#### Laboratory Facilities

These are provided by the Public Health Laboratory, Dix's Field, Exeter, to which specimens for bacteriological examination are sent.

SANITARY CIRCUMSTANCES OF THE DISTRICT - 1956

Water Supplies. For the purposes of water supply the District may be divided under three main headings, viz.,

- (a) Those parts of the District supplied by the Council's Water Undertaking.

The water supply originates in a collection reservoir situated at Tamar Lake. This reservoir is of adequate capacity for present needs, and indeed for considerable future development, but delivery to the distribution area continues to be hampered by inadequate filtration, storage and distribution facilities. It is necessary to report once more that no progress has been made in carrying out the scheme for improvement of these facilities. This scheme, if put into operation, would be of particular benefit to the high level areas of the District, which often experience shortages during peak periods in the summer season: although, perhaps due to the wetness of the season, fewer difficulties were experienced in the year under review. The Council has doubtless felt reluctant to contemplate embarking on any major works of improvement, due to the uncertainty of the position with regard to water supplies, and to the possibility of the District's Water Undertaking being absorbed into the Area of a larger Water Board, outside the control of the Council. Meanwhile the problem continues and unless further improvisations can be made, it is possible to visualise a really serious situation developing before many years are past.

- (b) Those parts of the adjoining Rural District supplied by the Council's Water Undertaking.

It was thought, at the time of writing the last annual report, that the parts of the adjoining Rural District supplied with water from the Urban District, might by the present time have been absorbed into the area of the North Devon Water Board. This hope has not yet materialised, and little progress appears to have been made. When this change is accomplished there is little doubt that the water so saved will assist greatly in enhancing the supply to those parts of the Urban District where difficulties are experienced at present.

- (c) Those parts of the Urban District not supplied by the Council's Water Undertaking.

Little mention has been made in previous reports concerning those parts of the District not supplied by the Council's water undertaking, nevertheless they do exist. A few properties are served by bore-hole wells, which normally provide an adequate and reliable supply; but in the main, wells normally shallow in character, are in use, and these are an unreliable source in periods of drought, and of uncertain bacteriological purity. The scattered nature of the dwellings in most of these areas unfortunately makes the provision of a main supply an uneconomic proposition; but it is felt that if the Inch's Shop improvement, mentioned in previous reports, were carried out, it would be at least feasible to supply main water to the hamlet of Lush, and to the Inch's Shop area, when the use of many uncertain private sources, which are undoubtedly often of a suspicious character, could be discontinued.

A table is appended below of the results of bacteriological analyses of the water supply. It will be seen that these again show a consider-



able improvement on those for the previous year. When unsatisfactory reports have been received from the Public Health Laboratory, these have been passed on to the Water Engineer by the Public Health Inspector, and adjustments have been made at the filter beds and/or chlorination plant.

Summary of bacteriological reports on water samples.

Filterbeds, Vealand (Filtered but unchlorinated)

<u>Satisfactory</u> (No organisms)	<u>Unsatisfactory</u>
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14

4

Tap water samples (Filtered and chlorinated)

	<u>Class I</u>	<u>Class II</u>	<u>Class III</u>	<u>Class IV</u>
Bude	9	2	NIL	NIL
Stratton	9	3	NIL	NIL
Poughill	12	NIL	NIL	NIL
District as whole	30	5	NIL	NIL

Sewerage and Sewage Disposal

Bude - The sewerage of Bude is generally in good condition and the sewage is disposed of by means of a sea outfall, discharging south of the main beaches. The system works very satisfactorily, and gives rise to little or no cause for complaints.

Stratton - The Works at Stratton consist of detritus and pre-settlement tanks, settlement tanks and land irrigation. Improvements to the works were completed in 1955, and these resulted in a better effluent from the works. The main weakness of the works at present is the system of land irrigation, but it is difficult to suggest a remedy in view of the lack of fall between the main drainage area and the works, and because of the nature and situation of the land which contains the latter.

There appears to be little likelihood of the sewerage system of Stratton being relaid in the foreseeable future. The existing system is old, and in poor condition generally, as has been shown when lengths have been exposed. Whilst there have been no serious breakdowns, anxiety must be felt as to how long the present system will continue to serve that part of the District with reasonable efficiency.

There are in the District a number of cess-pits and septic tanks, and this applies particularly to the Stratton area. It would be difficult to provide main drainage for many of the properties concerned, but it is felt quite strongly that the time has come for the Council to give serious consideration to the possibility of laying sewers in the Poundfield/Stratford Hill area. There are now in this area quite a number of average and better class dwellings, all with individual disposal arrangements, and whilst the majority of these work satisfactorily, nuisances do arise from time to time, particularly in the older properties. This area has now definitely become urban in character, and further development will undoubtedly take place, and whilst nuisances from sewage disposal plants in isolated single units may be quite serious, where there exists a group

of dwellings as in the Poundfield/Stamford Hill Area, the risk is infinitely greater. Whilst bearing in mind the present need to restrict capital expenditure as far as possible, one cannot escape the conviction that the need for the sewerage of this area merits the very serious consideration of the Council.

Poughill - The sewerage of Poughill is of very recent construction, having been completed in 1952. It connects with the main Bude system, and discharges through the sea-outfall at Compass Point. Very few properties in the village now remain unconnected.

Upton - The work of disconnecting the old sewage disposal works, and laying a new length of sewer to connect up with the Bude system, was completed in 1954. The sewage from Upton therefore now discharges into the sea-outfall, and works which had for some time been unsatisfactory, and the cause of a serious nuisance, have now been closed down.

#### Prevention of Damage by Pests Act, 1949

A fully trained full-time Rodent Operator is employed by the Council to carry out the practical operation of the Act. Use has been made of the Refresher Courses organised by the Ministry of Agriculture, Food and Fisheries, and the Operator has attended a three day course at Truro. The courses are found to be useful in keeping methods up to date, and in finding solutions to individual problems through discussion.

No formal proceedings under the Act were necessary. Private dwellings, business premises and Council properties have all been subjected to regular treatments, and the degree of infestation, particularly in respect of rats, has remained light, although there has been an increase in the mouse population.

The annual Test Baiting and Maintenance Treatments were carried out on the sewerage systems, in addition to Block Treatments of properties where necessary. Once again the results have been very satisfactory, little evidence of infestation being found.

Number of survey visits by Rodent Operator	911
Number of treatments carried out	1,197
Number of revisits made	2,340

#### Moveable dwellings

There are in the Area four licensed camping sites. One has a permanent licence, and the remaining three are operative for the summer months only. The occupiers of the sites are very co-operative, and the standards of hygiene and cleanliness are high. Refuse is collected by the Council's refuse lorry at the times of collection normal to the respective sites. At the beginning of the season the permanent site was provided with flush sanitation, and there are now only two sites with chemical sanitation. One of these latter is perhaps the busiest, and it was unfortunate that when the first application for planning permission was made, the site was within the Development Area. It was therefore liable to be converted into Building sites, and for that reason the Planning Authority made permission conditional upon the occupier agreeing to instal chemical closets; although at that time he wished to utilise the sewer available

on the site, and install flush sanitation. In the interim period the site has been removed from the Development Area, and attempts have been made to persuade the occupier to convert to flush sanitation, but these attempts have so far been unsuccessful. As the Town Development Map is subject to amendment periodically, it is regretted that the Planning Authority saw fit to make the original condition regarding chemical sanitation, which was, at the time, felt by Members and Officers of the Council to be a retrograde step.

### Public Cleansing

The Cornwall County Council control most of the roads in the District, but the work of street cleansing is carried out mainly by the Urban Council's staff.

Refuse collection is undertaken by the Council throughout the District. The vehicle used is a "S & D" "Chelsea" "W" type fore and aft tipper, with side loading facilities, and a capacity of 11.3 cubic yards. The crew consists of a driver and loader.

The method of Controlled Tipping is employed for the disposal of refuse, and the Tip at Tiscott Wood still has sufficient capacity for several year's refuse. The Council has considered the advantages of at least partial incineration of the refuse, but to date no change has been made in the system which has been operating for a number of years.

### National Assistance Act, 1948

Section 47 - no action

Section 50 - no action

### HOUSING

During the year the Council completed 23 new permanent dwellings, and on the 31st December there were in the course of erection a further 7. It will be seen from these figures, as compared with those of last year, that the rate of progress was maintained, but not accelerated. By the end of the year the development of the Flexbury site, now known as Woodfield Road, was in an advanced state.

The number of houses being erected by private enterprise again showed a slight decrease. The factors affecting private buildings in the area are twofold, viz. the rising costs of building operations, and the difficulty of obtaining suitable building sites in the area. Actual figures for private houses are:-

Number of houses erected during the year	10
Number of houses under construction at the end of the year	6



INSPECTION AND SUPERVISION OF FOOD

Food Premises and Clean Food

The number and types of premises in the District are:-

Restaurants and hotel kitchens	45
Bakers and Confectioners	5
Butchers	5
Dairies	5
Ice-cream Dealers	32
Boarding houses	55
Greengrocers	10
Grocers	12
School Canteens	3
No. of inspections of registered Food Premises	68
No. of inspections of other Food Premises	309

Food Hygiene Regulations - It was during this year that the Food and Drugs Act, 1955, and the Food Hygiene Regulations first became operative, necessitating a great deal of extra work in inspections and advisory visits. Prior to the coming into force of the new legislation, circulars were sent to all food premises, explaining the requirements with which all traders would be expected to comply. The delivery of the circulars was followed up by advisory visits, when any difficulties or misunderstandings were discussed. It was found during these initial inspections that trade organisations had given local hoteliers and food traders valuable advance information and the majority were already well aware of the requirements of the new legislation.

During the course of initial inspections, one was particularly struck by the number of smaller boarding houses which had, even at that time, provided wash-hand basins with hot and cold running water, for the use of staffs, as distinct from sinks used for washing up and the preparation of food. This is no doubt explained by the fact that many of the boarding houses were originally private houses with domestic staffs, and the present arrangements are virtually as they have always been. In only ten boarding houses were hand-washing facilities not available. In the case of very small boarding houses, run entirely by the members of one family, it was accepted that a wash-hand basin with hot and cold running water in some part of the house, for example the bathroom, was sufficient. In no case was it found necessary to issue an "Exemption Certificate" under Regulation 31.

Management staffs have been found extremely co-operative in securing compliance with all the Regulations. This has been particularly true in respect of cleanliness of personnel and equipment. Notices regarding smoking and hand washing have been liberally displayed, and compliance is in most instances very full. It is particularly interesting and pleasing to note that in many of the small boarding houses cleanliness and conduct was of an exemplary character.

Bude has its black spots, as indeed has every town, but the Regulations, although they do not go as far as had been hoped, particularly in respect of registration of premises, are of invaluable assistance

in securing better standards.

### Educational Activities

During the year an offer was made by a firm connected with food hygiene practices to show in the District a film, "Food Without Fear" to members of the trade. This film already seen by the writer, had impressed as a contribution which held the interest of viewers, and carried a direct, valuable and easily understood message to food handlers. Accordingly a showing was arranged for the month of November, the film was advertised with posters, and members of the trade received personal invitations. It may well be that the timing was unfortunate, coming as it did at the end of a busy season, when perhaps many caterers would be taking a holiday themselves, but the fact remains that the film show was very poorly attended, and the first attempt at an educational activity was not an unqualified success. At least it is gratifying to be able to record that those who did attend showed considerable interest. A tentative arrangement was made with the staff responsible for the film show to repeat the performance in the spring of next year.

### Meat Inspection

There are no private slaughterhouses in the District, the only slaughterhouse in operation being licensed by the Council from British Railways. The building is a satisfactory modern one, and is very well situated adjacent to the goods sidings at Bude Railway Station. It is able to cater for all the needs of local butchers, and in addition provides facilities for an export trade. Despatch of consignments of fresh meat are greatly facilitated by the advantageous position of the slaughterhouse.

The regular staff of the slaughterhouse consists of two full-time slaughtermen, one part time slaughterman and one labourer, who have dealt adequately with the available trade. The total throughput of the slaughterhouse for the year was:-

Steers	224
Boifers	205
Cows and bulls	40
Calves	534
Sheep	10,157
Swes and rams	221
Pigs	1,731
Dows and boars	13

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15,195

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Appendix Min. of Health Circular 17/55

Carcases and offal inspected and condemned in whole or in part

	Cattle excl. cows	Cows	Calves	Sheep & lambs	Pigs	Horses
No. killed (if known)	489	40	534	10,358	1744	NIL
No. inspected	489	40	534	10,358	1744	NIL
All diseases except Tuberculosis & Cysti- cercosis	NIL	NIL	3	5	1	NIL
Whole carcases condemned						
Carcases of which some part or organ was condemned	28	17	NIL	19	6	NIL
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci	5.72%	42.5%	0.56%	0.23%	0.401%	NIL
<u>Tuberculosis only</u>						
Whole carcases condemned	3	1	NIL	NIL	3	NIL
Carcases of which some part or organ was condemned	5	8	NIL	NIL	45	NIL
Percentage of the number inspected affected with tuberculosis	1.62%	22.5%	NIL	NIL	2.75%	NIL
<u>Cysticercosis</u>						
Carcase of which some part or organ was condemned	NIL	NIL	NIL	NIL	NIL	NIL
Carcases submitted to treatment by refrigera- tion	NIL	NIL	NIL	NIL	NIL	NIL
Generalised and totally condemned	NIL	NIL	NIL	NIL	NIL	NIL

Regarding the evidence of disease found on post-mortem examination, it is possible to report that 100% inspection has been maintained. The fact that there is one central slaughterhouse, and not a number of small and scattered ones, greatly facilitates the work of meat inspection by the one inspector who is available.

As will be seen from the Table above, there has been an increase in the incidence of tuberculosis both in cattle and in pigs, although the percentage of affected cattle, excluding cows, and the percentage of pigs remains comparatively very low. Four bovines, including one cow, and three pigs were totally condemned. The number of carcasses in which some part or organ was condemned also shows an increase on the previous year. The most common sites of lesions in bovines were the pulmonary lymph nodes, and those of the head (submaxillary, parotid and retro-pharyngeal), and in pigs those of the head (submaxillary and retro-pharyngeal).

The number of animals condemned wholly or in part for other causes also shows a considerable drop on the previous year's figures. Sheep in particular were very free from disease, and there were no cases of pregnancy toxæmia. Fascioliasis, although occurring quite often in the first three months of the year in sheep, fell off very considerably afterwards, and there were very few cases of cirrhotic conditions producing emaciation and oedema, as seen in the previous year. Bovine livers appeared to be more commonly affected, but here again the degree of infestation was light, and markedly cirrhotic conditions were rare.

The number of calves handled fell off very considerably, and those slaughtered were very free from evidence of disease.

During the whole of the year not a single case of Cysticercosis was discovered. In view of the incidence in other parts of the Country this appears to be an exceptional circumstance, although it is understood that in the adjoining Rural District only one, or possibly two, cases have been reported. It would seem, therefore, that the pastures in this particular part of Cornwall must enjoy considerable freedom from contamination by taenia ova.

The amount of other foods and tinned goods which it was found necessary to condemn remained comparatively small.

#### Disposal of Condemned Meat and other Foods

Condemned meat, both from the slaughterhouse and from the local butchers' shops is taken by a Contractor, who sterilises and processes it, and converts it to animal feeding stuffs etc. The remainder is conveyed to the Council's Refuse tip and buried.

#### Ice Cream (Heat Treatment) Regulations 1947

There are 32 ice cream dealers in the District. Of these, three sell products manufactured locally, but not within the Council's District. The remainder, with one exception, deal in products manufactured by the large multiple ice-cream manufacturers. The one exception, who has been mentioned in previous reports formerly manufactured his own product in the Urban District. Samples of his ice cream were so consistently unsatisfactory that the Council called upon him to comply with certain conditions before continuing to manufacture. This tradesman did not manufacture



or sell any ice cream during 1956. The Council's action thus protected the public against any risk from this source,

It was unfortunate that due to the pressure of other work, notably inspections etc. under the Food Hygiene Regulations, it was not possible to take as many samples of ice cream as usual. However, those taken showed a considerable improvement, none being placed in Grade IV.

Summary of results of samples - 1956

Provisional Methylene Blue Test

Result in Grade I	72.2%
II	13.9%
III	13.9%
IV	NIL

FACTORIES ACT, 1937

Classified list of factories as at 31st December 1956

	<u>Nature of employment</u>	<u>Power</u>	<u>Non-power</u>
1.	Food manufacture	4	-
2.	wearing apparel (a) boots & shoes	3	6
	(b) outfitting	1	-
3.	Carpentry, joinery and saw mills	6	2
4.	Garages, repairs shops and engineers	9	2
5.	Laundries	1	-
6.	Monumental masons	1	1
7.	Gas works	1	-
8.	Plumbers	-	2
9.	Dairies	-	3
10.	Photography	-	2
11.	Printing works	1	-
12.	Electrical engineers	1	1
13.	Cabinet makers and upholsterers	-	3

Prescribed Particulars on the administration of the  
Factories Act, 1937

1.	<u>Inspections</u>	<u>No. on Register</u>	<u>Inspections</u>
(i)	Factories in which Sections 1,2,3, 4 and 6 are to be enforced by Local Authorities	16	26
(ii)	Factories not included in (i) in which Section 7 is enforced by the Local Authority	28	54
(iii)	Other Premises in which Section 7 is enforced by the Local Authority (Excluding out-workers' premises)	4	11
TOTAL		48	93

PREVALENCE OF AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Measles

There was an epidemic of measles during the year, 100 cases being notified. The disease appeared in February when 11 cases were notified, and reached its peak in March, when 49 notifications were received. The incidence of the infection declined in subsequent months. The course of the disease in those affected appears to have been straightforward and no deaths were recorded.

There is no means of active immunisation against measles and, as the disease is most highly infectious before the appearance of the rash, it is difficult, if not impossible to check its spread. The evidence shows that an epidemic does not come to an end until the majority of those susceptible have had the infection.

Diphtheria

One adult was admitted to the Scott Isolation Hospital in the early part of the year as a suspected case of this disease, but the diagnosis was not bacteriologically confirmed. Primary immunisation was completed in 35 children, all of whom received the combined vaccine against whooping cough and diphtheria, or the newer triple antigen against whooping cough, diphtheria and tetanus (lockjaw) which came into use during the year.

Acute

Polio-myelitis

No cases of this infection were notified during 1956. A scheme of vaccination against this disease was introduced by the Ministry of Health during the year. This was operated by the County Council, parents of children born between 1st January 1947 and 31st December 1954, being asked to register their children for vaccination. As the supply of vaccine was very small, children to receive vaccination were chosen by month of birth in accordance with the instructions of the Ministry. Vaccination was carried out in May, June and December, 24 children receiving a complete course. No undue reactions to this vaccination were reported.

Whooping  
Cough

7 cases of this infection were notified during the year.

Food  
Poisoning

One case was notified in December. This was a young child admitted to Freedom Fields Hospital in Plymouth, with indefinite symptoms. Subsequent bacteriological examination showed the presence of a food poisoning organism in the stools and the diagnosis was made on this basis. None of the other members of the household had had any symptoms and faecal specimens from them proved to be negative for food poisoning organisms. Investigations failed to disclose the source of the child's infection.

Smallpox

No cases occurred during the year. 30 primary vaccinations and 6 revaccinations were carried out.

Tuberculosis

	<u>Males</u>		<u>Females</u>	
	<u>Pul.</u>	<u>Non.Pul.</u>	<u>Pul.</u>	<u>Non.Pul.</u>
Cases on Register				
31.12.55	19	-	10	1
No. of cases notified				
During year	1	-	1	-
Cases restored	-	-	-	-
Inward Transfers	-	-	2	-
Cases removed	5	-	3	-
<hr/>				
Total on Register	15	-	10	1
31.12.56				

B.C.G. Vaccination continues to be offered to all susceptible contacts of known cases, most of whom avail themselves of this protection.

The scheme for B.C.G. Vaccination of susceptible school leavers was continued by the County Council during the year, again with a good response.

OTHER DISEASES

Cancer of the Lung

It is now accepted that there has been a real increase in the incidence of this form of cancer during recent years. Widespread popular interest has been shown in the research which is being carried out into its association with smoking and in particular with cigarette smoking - an association which is statistically proven.

During 1956, out of a total of 10 deaths from cancer in the district, 2, both of males, were due to cancer of the lung. Since 1949, the first year for which complete figures are available, there have been 51 male and 45 female deaths from all forms of cancer. Of these, 12 male and 3 female deaths have been caused by cancer of the lung.

It is not suggested that these particular deaths have any association with smoking, as the Medical Officer of Health has no knowledge of such circumstances, nor, indeed, of the actual incidence of the disease. It is clear, however, that the district has not escaped its share in the condition and, in the light of the work that has been done, this may, perhaps, provide some food for thought.

TABLE I

TUBERCULOSIS

Age and Sex Distribution of Cases and Deaths 1956

<u>Age Groups</u>	<u>New Cases</u>				<u>Deaths</u>			
	<u>Pulmonary</u>		<u>Other</u>		<u>Pulmonary</u>		<u>Other</u>	
	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>	<u>M</u>	<u>F</u>
0 -	-	-	-	-	-	-	-	-
1 -	-	-	-	-	-	-	-	-
5 -	-	-	-	-	-	-	-	-
15 -	-	-	-	-	-	-	-	-
20 -	-	-	-	-	-	-	-	-
25 -	-	-	-	-	-	-	-	-
35 -	-	-	-	-	-	-	-	-
45 -	-	1	-	-	-	-	-	-
55 -	1	-	-	-	-	-	-	-
65 and over	-	-	-	-	-	-	-	-
Age unknown	-	-	-	-	-	-	-	-

TABLE II

VITAL STATISTICS

Summary for Previous Years

<u>Year</u>	<u>Estimated Population</u>	<u>No.</u>	<u>Births Crude Rate</u>	<u>Under 1 year</u>		<u>Deaths</u>	
				<u>No.</u>	<u>Rate</u>	<u>All Ages</u> <u>No.</u>	<u>Crude</u> <u>Death</u> <u>Rate</u>
1952	5,126	71	13.85	Nil	Nil	78	15.21
1953	5,112	64	12.51	1	15.62	81	15.84
1954	5,130	64	12.47	-	-	80	15.59
1955	5,150	55	10.68	1	18.18	82	15.92
1956	5,130	70	13.51	1	14.28	63	12.16



TABLE III

Monthly Incidence of Notifiable Diseases (other than Tuberculosis)

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Measles	-	11	49	21	13	2	-	2	2	-	-	-
Pneumonia	-	1	1	-	-	1	-	-	-	-	-	-
Whooping Cough	-	-	-	-	-	1	2	-	1	-	-	3
Food Poisoning	-	-	-	-	-	-	-	-	-	-	-	1
	-	12	50	21	13	4	2	2	3	-	-	4

TABLE IV

Summary of Public Health Inspector's Inspections

Description of premises	No. of visits	No. of defects found	No. of defects remedied
Bakehouses	11	3	3
Dairies	25	-	-
Food Prepn. Premises	377	47	45
Factories	83	3	2
Housing	281	23	23
Butchers	96	2	2
Shops	61	-	-
Water supplies	54	3	3
Verminous premises	21	-	-
Ports destruction	89		

Nuisances and defects remedied during the year

Overcrowding	-	Refuse receptacles	53
Keeping of animals	11	Camping sites	7
Sanitary accommodation		Yard paving	-
(a) Insufficient	2	Dampness	12
(b) Defective	3	Roofs and R.W. pipes	14
Drainage			
(a) Reconstructed	2	Floors	2
(b) Repaired	9	Walls and ceilings	9
(c) Cleansed	13	Windows and ventilation	-
Cesspools		Water supplies	3
(a) abolished	-		
(b) repaired	2		

Total visits of all kinds made by the Public  
Health Inspector during the year..... 2,140

